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## Welcome to Neighborhood Place

ARRIVAL TIME \_\_\_\_\_ TIME SEEN \_\_\_\_\_

Please print your answers to the following questions so that we serve you to the best of our ability.

NAME: \_\_\_\_\_ YOUR BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

HOW CAN WE HELP YOU TODAY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# IN YOUR  
HOUSEHOLD

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☐ 10+

SOCIAL SECURITY NO.

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
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TODAY'S DATE

MONTH		DAY		YEAR	
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

### MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ☒ ☒ ☒ ☒

Neighborhood Place offers a variety of services.

Please fill in the circle next to the services you feel your family needs.

A Neighborhood Place staff person will discuss each of your concerns with you.

1. Is this your first visit to Neighborhood Place? (Y) (N)
- ☐ 2. I need food stamps, financial assistance (K-TAP, formerly AFDC) and/or a Medical Card (K-CHIP, Passport).
- ☐ 3. I would like to learn more about WIC, which provides nutrition education and food vouchers to pregnant women, postpartum women, breast-feeding mothers, infants, and children under 5 years of age.
- ☐ 4. I am pregnant and would like to meet with a health worker.
- ☐ 5. There has been a crisis causing a loss of income in my household and I need help with rent or utilities.
- ☐ 6. I am homeless or about to be homeless and need emergency shelter and housing information.
- ☐ 7. I am interested in applying for subsidized housing.
- ☐ 8. I am concerned about a child who is having trouble attending or doing well in school.
- ☐ 9. Others have expressed concerns about my use (or a family member's use) of alcohol or drugs.
- ☐ 10. I have concerns about my child's behavior and would like to talk with someone.
- ☐ 11. I would like to talk with someone about stress or family problems.
- ☐ 12. I am concerned about frequent feelings of hopelessness and/or fear.

Revised 6/04

PLEASE COMPLETE OTHER SIDE

Some services are not offered at all Neighborhood Place sites. However, referrals can be made for the appropriate need. Please mark below as needed

- ☐ 13. I am interested in obtaining information about employment, a new career, or job training.  
☐ 14. I would like to learn more about how to help my child avoid getting involved in alcohol/ drug use or violence.  
☐ 15. I am interested in applying for child care assistance.  
☐ 16. I am interested in obtaining information on Earned Income Tax Credit.

17. I would like information on how to make an appointment for:  
 (BUBBLE ALL THAT APPLY)
- ☐ Immunizations  
☐ TB test  
☐ head lice check  
☐ lead test  
☐ pregnancy test  
☐ family planning  
☐ infant or toddler car seat

- ☐ 18. I would like more information about: \_\_\_\_\_

Other Household Members		
Name	Date of Birth	Social Security #

Thank you for allowing us to serve you!

**For Staff Use Only**  
Bubble all that apply.

Service = S
Referral = R
Information = I

Protection & Permanency	<input type="radio"/> S <input type="radio"/> R	HANDS	<input type="radio"/> S <input type="radio"/> R	JCPS	<input type="radio"/> S <input type="radio"/> R
KCHIP/Medical Card	<input type="radio"/> S <input type="radio"/> R	Healthy Start	<input type="radio"/> S <input type="radio"/> R	4 - C	<input type="radio"/> S <input type="radio"/> R
Food Stamps	<input type="radio"/> S <input type="radio"/> R	WIC	<input type="radio"/> S <input type="radio"/> R	Community Ministries	<input type="radio"/> R
KTAP	<input type="radio"/> S <input type="radio"/> R	Immunizations	<input type="radio"/> S <input type="radio"/> R	Employment	<input type="radio"/> S <input type="radio"/> R
Family Intervention Services	<input type="radio"/> S <input type="radio"/> R	TB Test	<input type="radio"/> S <input type="radio"/> R	Family Team Meeting	<input type="radio"/> S <input type="radio"/> R
Financial Assistance	<input type="radio"/> S <input type="radio"/> R	Car Seat Program	<input type="radio"/> S <input type="radio"/> R	EITC	<input type="radio"/> I
Homeless Intervention	<input type="radio"/> S <input type="radio"/> R	SCS	<input type="radio"/> S <input type="radio"/> R	40 Dev Assets/Reading	<input type="radio"/> I
Housing	<input type="radio"/> S <input type="radio"/> R	JADAC	<input type="radio"/> S <input type="radio"/> R	Other Service	<input type="radio"/> Y
Early Intervention	<input type="radio"/> S <input type="radio"/> R			Other Referral	<input type="radio"/> Y

☐ Site Visit by Client  
OR  
☐ Home Visit by NP Staff person  
☐ Language Barrier  
 Release currently on file: ☐ Y  
 OR  
 Release signed during visit: ☐ Y

**Site Information**

☐ UJIMA  
☐ 810 Barret  
☐ Cane Run

☐ BOH/L&N  
☐ BOH/ALG  
☐ Northwest

☐ South Central  
☐ SJ-Fairdale  
☐ SJ-Valley

☐ First @ Liberty  
☐ First @ TJ  
☐ Other

Worker: \_\_\_\_\_

**Agency (Mark all that see Client)**

☐ HS
 ☐ HD/FCCC
 ☐ DCBS
 ☐ JCPS
 ☐ SCS
 ☐ 4C
 ☐ OCAP

Notes: \_\_\_\_\_